

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/							51					
2		/						52					
3		/						53					
4								54					
5		/						55					
6		/						56					
7		/						57					
8		/						58					
9		/						59					
10		/						60					
11		/						61					
12		/						62					
13		/						63					
14		/						64					
15		/						65					
16		/						66					
17		/						67					
18		/						68					
19		/						69					
20		/						70					
21		/						71					
22		/						72					
23		/						73					
24		/						74					
25		/						75					
26		/						76					
27		/						77					
28		/						78					
29		/						79					
30		/						80					
31		/						81					
32		/						82					
33		/						83					
34		/						84					
35		/						85					
36		/						86					
37		/						87					
38		/						88					
39		/						89					
40		/						90					
41		/						91					
42		/						92					
43		/						93					
44		/						94					
45		/						95					
46		/						96					
47		/						97					
48		/						98					
49								99					
50								100					
TOTAL IND.	2							TOTAL IND.					
TOTAL DEP.	96							TOTAL DEP.					
TOTAL CLAIMS	98							TOTAL CLAIMS					